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**Dates:** \_\_\_\_\_

PVN: \_\_\_\_\_

Totals	\$	-
	\$	-
Fee (Contractor Pay)		
	\$	-
Meals		
	\$	-
Lodging		
	\$	-
Mileage		
	\$	-
Other		

Per Diem Rates	Date	Time	Explanation (For meal calculation purposes list departure & arrival times.)	Mileage		Per Diem		Other
				miles	X .58	Meals	Lodging	
Please note that per diem is only payable on trips 50 miles from your residence where you are in travel status for at least 12 hours (AAM 60.020). The amounts are as follows:  First/Last Day of Travel - \$45  Full Day - \$60  Breakfast - \$12  Lunch - \$16  Dinner - \$32								
			Totals		\$ -	\$ -	\$ -	\$ -

Did travel deviate from original itinerary? Yes ☐ No ☐ (if yes, complete the section below.)

Reason for itinerary change: \_\_\_\_\_

Original itinerary dates and times		Revised itinerary dates and times	
_____	_____	_____	_____
Date:	Time	Date:	Time

For mileage reimbursement, please provide ONE of the following:

☐ A. Address to/from test site City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 OR  
☐ B. Google Map (attached w/ pay document)

To: St. Address: \_\_\_\_\_  
 From: St. Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

The below signatures do hereby certify that the above information is a true and accurate account of the hours spent, the rate of pay, and the total amount due the contractor from the Bureau of Fire Accreditation, Standards and Training.

Contractor	Date	BFAST Authorization	Date
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